

MEDICATION FOR CHILDREN AND YOUTH with EMOTIONAL, BEHAVIORAL, AND MENTAL HEALTH NEEDS:

A GUIDEBOOK FOR BETTER UNDERSTANDING

**Department of Children and Families
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PREFACE

The purpose of this publication is to provide basic information for caregivers whose children are currently prescribed psychotropic medication by a licensed physician to treat serious emotional disturbances. Its purpose is not to promote or discourage the use of psychotropic medications for children. It offers information about medication treatment, types of medication that are currently being used, how the medication works, what kinds of side effects caregivers might see, questions caregivers should ask to ensure they fully understand the child's medication, and their role in the treatment process.

Like all childhood disorders, serious emotional disturbances in children should be detected early and children should receive effective and appropriate care that meets their individual needs. Effective treatment options for children and adolescents with serious emotional disturbances include cognitive behavioral therapies, home and community-based services, behavioral strategies, family psycho-education and support, and psychotropic medications.

When considering the use of the psychotropic medications, the following guidelines are provided:

1. Used only when the expected benefit of the medication is greater than the potential risk from possible side-effects.
2. Psychotropic medications should not be the only medical/behavioral service provided because these medications are best utilized in conjunction with other services both natural and provider based.
3. Psychotropic Medications can only be dispensed after informed consent has been given by the child's parents or a court order authorizing the dispensing the medications has been given.

This book is intended to assist foster parents and other caregivers in being a well-informed caregiver to those children in the department's care and custody who are prescribed a psychotropic medication by their attending physician.

The book is also available online at:

http://www5.myflorida.com/cf_web/myflorida2/healthhuman/substanceabusementalhealth/linksresources.html

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*Words that are in **bold and underlined** are
defined on the first page they occur and in the
glossary.*



I. INTRODUCTION

Eleven percent of children and youth in the U.S. ages 9 to 17 may have a mental or substance abuse disorder that interferes with their daily lives (Surgeon General's Report on Mental Health, 1999). Four million of these youth may suffer from a major mental illness that impacts their lives at home, at school, and relationships with other children and youth their own age. If these children are reached early enough with appropriate treatment, their chances of leading a healthier and more meaningful life are greatly improved.

The realization that the behavior of a child or youth needs professional help can be painful or frightening for caregivers. But, once evaluated, many treatment options are available. For some children and youth, professionals have learned that standard approaches to assisting them with their problems may not be enough.

Today, more and more children and youth with serious emotional disturbance are receiving medication to help them with their problems. Several factors have played a role in this increase, such as:

- Advances in medicine and recognition of the role **brain functioning** plays in disorders of childhood and youth;
- Evidence that childhood **symptoms** can lead to adult disorders later in life;
- An increasing recognition of children and youth's mental health needs and the ability to define these needs in terms related to how the brain functions;
- Children and youth with serious emotional disturbance are no longer treated only in hospitals, but often in their own homes, foster homes, and community residences.

As more people recognize that medication can be a part of options for treating many of these problems, especially when other things have not been successful, important questions are raised including:

- How do foster parents, guardians, and other interested parties **evaluate** the medication recommended by a physician?
- How do **clinicians** know what are the best medications and make recommendations?

NEW WORDS

Brain functioning - How the brain works

Symptoms - a sign or indicator of a disorder, such as problem behaviors like poor school performance, irritability, tics, or a depressed mood

Evaluate - To determine the effect of the medication being dispensed to the individual; to help determine if a certain medication should be used in the future

Clinicians - a mental health professional who provides mental health services to a child or their family in a clinical, home, or community setting; clinicians that can prescribe medications are doctors

- How do parents/legal guardians **authorize** treatment using these medications?
- How can clinicians inform parents/legal guardians of their choices, and how can parents/legal guardians get the best information?

It is never easy to face the fact that a child may need professional help for a mental, emotional, or behavioral problem. When a child or youth has an emotional, mental, or behavioral problem that requires medication, their caregivers and those working with them may have many questions. Medications for these children are new enough that many people do not understand how they work and what they can do. Finding the right answers and the right treatment is critical in helping the child or youth regain control of their life.

Clinicians and researchers are continually working to learn as much as possible about medications for children and youth to treat their behavioral, emotional, and mental health disorders. They do this through **controlled clinical trials**, that report the effects of different medications in different patient populations and their **clinical experience**.

When a physician uses a medication that has been approved by the U.S. Food and Drug Administration (FDA) for use in a particular population (such as adults, but not younger children), for a different purpose and/or in a different population, this use is called **off-label**. Most of the medications prescribed for young children with emotional and behavioral disorders are prescribed off-label.

Progress in medication for emotional disturbances has opened new opportunities to help children and youth. **Child Psychiatrists** and other clinicians are learning more and more, from well thought-out clinical trials and from observations of individual children and youth. These observations may point to new ways to understand and help the individual child or youth. They may also help lead to new research. This is important because prescribing medication for children and youth is based on

NEW WORDS

Authorize - give permission for

Controlled clinical trials - a scientific evaluation of a new treatment for a disorder to determine if a drug is safe and effective, at what doses it works best, and what side effects it causes—information that guides health professionals and families in the proper use of medicines

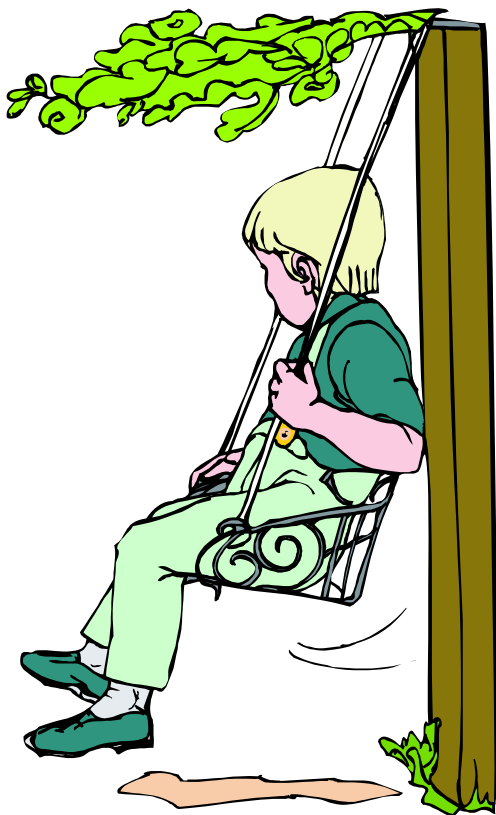
Clinical experience - knowledge in a particular area based upon actual medical or scientific experience

Off label - when a medication that is approved by the U.S. Food and Drug administration for adults and older children, but not young children, is prescribed by a physician for a young child because its use in practice has shown it to be safe and more effective than other medications; off-label use is also when the medication is approved for another condition such as when a drug may be approved as an anti-seizure medication but is prescribed as a mood stabilizer

Child Psychiatrist - A psychiatrist with two years of specialty training in the treatment of mental disorders in children and adolescents

clinical experience, as well as controlled clinical trials. This prescribing practice occurs with other pediatric medications as well, not just with those medications used in psychiatry. Most drug research has been done with adults and future progress could lead to a better approach to providing treatment to children and youth.

The decision to use medication as a treatment for a child or youth with behavioral, emotional, or mental health problems is based upon experience, expertise, scientific research, and the input of those involved in the care of the child. The support and understanding of the child's caregiver plays an important role on the child or youth's care team in planning and preparing for his/her recovery. This involves asking the right questions as well as getting reliable answers.



This Orientation Booklet

Professionals, agencies, and programs recognize the important role that caregivers play in the health, care, and well-being of the child or youth in their care. The goal of this booklet is to help caregivers, guardians, and others in their role as members of the care and treatment team. Through a better understanding of the changes in medication approaches for children and youth, information about medications used to treat the children and youth, and a better understanding of the system of care, caregivers, and others involved in the child's wellbeing will be better able to make wise decisions on behalf of the child or youth in their care and participate as informed members of their care team. To the extent possible, the child's biological family should be included in all treatment decisions.



II. The Use of Psychotropic Medications for Children and Youth

Medication may help with many problems, but not with everything. Medication may help with disturbances of mood, disturbances of attention (such as **Attention Deficit-Hyperactivity Disorder - ADHD**), **anxiety**, some impulse control problems, and with confused thinking and views.

There are many things that medication can and cannot do. For example, a child or youth with delayed development will not suddenly catch up with his/her peers because of the medication they are taking. However, medication might help with specific symptoms. Medications will not take away language disorders and ways of relating seen in children and youth with **autism** or other **pervasive developmental disorders**. But medication might help with related problems like **obsessive-compulsive behavior** or **scattered attention**. Medication will not help a child or youth who has a problem telling the truth. But if lying is a symptom of a disorder such as **depression**, **antidepressant** medication might help. Medication will not help with "normal" childhood sadness, but may help with clinical depression.

Many of the normal behaviors of childhood may prove troublesome but cannot be treated with medications. Young children will have tantrums, sleep disturbances, and aggression at times. These behaviors are best dealt with behaviorally.

Professionals are often asked if they are treating "symptoms" or "disorders"? This can be a puzzling question and separating symptoms and disorders diminishes this confusion. Children and youth are brought into clinicians for help with *symptoms*, which are problem behaviors like poor school performance, irritability, tics, or a depressed

NEW WORDS

Attention Deficit-Hyperactivity Disorder (ADHD) - a behavior disorder, usually first diagnosed in childhood, that is characterized by inattention, impulsiveness, and, in some cases, hyperactivity

Anxiety - feeling of unease and fear of impending danger characterized by physical symptoms such as rapid heart rate, sweating, trembling, and feelings of stress

Autism - a pervasive developmental disability; these children may exhibit repeated body movements, unusual responses to people or attachments to objects and resist any changes in routines

Pervasive developmental disorders - usually found in the early years of a child's life causing difficulty in areas of development or use of functional skills such as language, communication, social skills, and motor behaviors

Obsessive-compulsive behavior - persistent ideas or desires that may lead to repetitive, purposeful behaviors that the child or youth feel they must complete

Scattered attention - the inability of the child or youth to stick with a task; a child or youth who is easily distracted

Depression - a mood disorder characterized by feelings of sadness, loneliness, despair, low self-esteem, worthlessness, withdrawal from social interaction, and sleep and eating disturbances

Antidepressants - Medications that are used in the treatment of depression, as well as other psychiatric disorders

mood. But the same symptoms may come from many different *disorders*, which may be the result of differences in brain functioning and require different medication. Because the choice of medicine should be guided by a diagnosis, doctors usually try to diagnose a disorder before recommending a trial of medication.

For example, a child or youth's poor attention may be due to a diagnosis such as Attention Deficit-Hyperactivity Disorder (ADHD), major depression, **psychosis**, **metabolic disorder**, or **traumatic brain injury**. The treatment and medications will most likely be different with each disorder. It is important to remember that medication is not usually effective alone. Other forms of therapy should most often be used in combination with the medication.

A diagnosis *may* point to a treatment for a specific disorder, but it is not always possible to completely guide the treatment by a diagnosis. Psychiatric diagnoses are agreements among physicians about the most useful ways to classify people's mental and emotional troubles. These agreements, though shared by doctors and approved by insurance companies, may be different from the ways that families and their cultures talk about the child's behavior. Discussion of children's problems must consider the ways the child's culture has of telling their story, in addition to using the "scientific" tools of **DSM IV diagnoses**.

DSM diagnoses are less obvious in child psychiatry than with adults; and to best describe their mental, emotional, and behavioral problems, many children and youth are given more than one DSM diagnosis. Future research may improve the present process, add new ones, or encourage the use of different ways in assessing children and youth. In the meantime, clinicians are trying to help children and youth with their symptoms through the use of prescribed medications. Clinical experience, as well as research studies, help physicians determine which medications are most effective for a particular child.

Diagnosis in children and youth is complicated because:

- Children and youth often receive multiple diagnoses to explain all of their symptoms.
- Families may still feel that the "doctor's language" doesn't match with their own ways of thinking about and talking about the troubles of their child or youth.

NEW WORDS

Psychosis - refers to a state of being completely out of touch with reality

Metabolic disorder - an inherited disorder that affects the way the body changes food and essential chemicals into energy and waste matter

Traumatic brain injury - an injury to the brain caused by an accident

DSM IV diagnoses - diagnosis from an official manual of mental health problems developed by the American Psychiatric Association; this reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem; insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems

Diagnosis - a label for what is wrong with the child or youth



- In some children and youth, symptoms remain stable for years. In others, symptoms continually change.

Professionals must keep in mind the symptoms, diagnoses, and languages that parents, children, and youth use to talk about their troubles to help ensure that their treatment approaches are successful.

III. What Medications Are Available and How Do They Work?

This section lists medications in current use and their uses. More resources about medications commonly prescribed to children and youth are located in the back of this booklet. This document does not recommend particular choices of medication or doses.

Medications to Treat Attention Deficit and Hyperactive Disorders

Psychostimulants have been used to reduce hyperactivity and inattention and improve behavioral control and **cognitive performance** in children and youth. Research indicates that **stimulants** are effective for long-term use. Stimulants may, however, only partly relieve the symptoms in many children and youth.

Stimulants increase the brain's ability to slow itself down. This allows the brain to focus on the right thing at the right time, and to be less distracted. When prescribed for people who have ADHD, stimulants speed up the frontal parts of the brain that are not filtering out distractions as well as they should.

Some examples include:

Psychostimulants	
Generic Name	Brand Name
amphetamine	Adderall
methylphenidate	Concerta
pemoline	Cylert
dextroamphetamine	Dexedrine
dexmethylphenidate	Focalin
methylphenidate	Ritaline
Non-Stimulant Medication for ADHD	
atomoxetine	Strattera

NEW WORDS

Psychostimulants - stimulant medications used to treat psychiatric or mental disorders

Cognitive performance - to do things related to the ability to think, take in and process information, reason, memorize, learn, and communicate

Stimulants - a class of medications thought to activate the nerves that serve as messengers and connect with multiple organs in the body

Medications to Treat Depression

Antidepressants are a group of medications used to treat depression in adults. They are often prescribed for additional conditions in children, such as ADHD, obsessive-compulsive disorders, tic disorders, and bedwetting.

Selective Serotonin Reuptake Inhibitors (SSRIs) are widely prescribed for depression and anxiety in adults. Recent research in children and youth indicates they are helpful in treating depression, anxiety, obsessive-compulsive symptoms, and **selective mutism**.

NEW WORDS

Antidepressants - medications that are used in the treatment of depression, as well as other psychiatric disorders

Selective Serotonin Reuptake Inhibitors (SSRIs) - a class of drugs for treating depression; SSRIs work by stopping the reuptake of serotonin, an action that allows more serotonin to be available

Selective mutism - inability to speak in specific social situations in a child or adolescent who can and does speak in other situations

Some examples include:

Selective Serotonin Reuptake Inhibitors (SSRI's)	
Generic Name	Brand Name
Fluoxetine	Prozac
Sertraline	Zoloft
Paroxetine	Paxil
Fluvoxamine	Luvox
Citalopram	Celexa
Escitalipram	Lexapro

The newer antidepressants, listed below, do not have the same side effect risks as the older, first line medications, and may be used in the future to treat depression and anxiety disorders. Bupropion (Wellbutrin) is an antidepressant that is effective for symptoms of ADHD.

Some examples include:

Other Newer Antidepressants	
<u>Generic Name</u>	<u>Brand Name</u>
Venlafaxine	Effexor
Duloxetine	Symbalta
Bupropion	Wellbutrin
Nefazodone	Serzone
Trazodone	Desyrel

Tricyclic antidepressants (TCAs) have shown to be effective in treating depression and anxiety in adults. They are sometimes used to treat anxiety disorders or major depression in children and youth. Some TCAs are helpful in treating other symptoms in children and youth, including ADHD symptoms and bedwetting.

Some examples include:

Tricyclic Antidepressants (TCAs)	
<u>Generic Name</u>	<u>Brand Name</u>
Nortriptyline	Pamelor
Desipramine	Norpramin
Imipramine	Tofranil
Clomipramine	Anafranil
Amitriptyline	Elavil

Monoamine Oxidase Inhibitors (MAOIs) are another class of antidepressants that work by stopping the breakdown of chemicals in the sending and receiving of information between **Brain Nerve Cells**.

Some examples include:

Monoamine Oxidase Inhibitors (MAOI's)	
<u>Generic Name</u>	<u>Brand Name</u>
Tranylcypromine	Parnate
Phenelzine	Nardil

NEW WORDS

Brain Nerve Cells - cells that carry messages between other cells and organs

Mood stabilizers are used often in children with over-activity and aggressiveness. Most of these medications are also used as anti-seizure medications. The name of this class of medications is a good description of what these drugs do for children and youth with emotional and behavioral swings caused by **mood disorders**.

NEW WORDS

Mood disorders - a category of mental health problems that includes a disturbance in mood, usually deep sadness or indifference, excitement, or irritability, such as the disorder, depression

Some examples include:

Mood Stabilizers	
<u>Generic Name</u>	<u>Brand Name</u>
<u>A. LITHIUM</u>	
Lithium carbonate	Eskalith Lithonate Lithobid
Lithium citrate	Cibalith-S
<u>B. ANTI-SEIZURE MEDICATIONS</u>	
Divalproex sodium	Depakote
Lamotrigine	Lamictal
Carbamazepine	Tegretol Carbitrol
Oxcarbazepine	Trileptal
Topiramate	Topamax
Gabapentin	Neurontin

Medications used for Psychosis and Behavior Problems

Antipsychotic medications reduce **psychotic** symptoms, such as **hallucinations** and **delusions** in children and youth with schizophrenia and other psychotic disorders, reduce **verbal and motor tics** in children and youth with **Tourette Syndrome**, and reduce manic symptoms and stabilize mood in adults and children and youth. They may also have a role in reducing certain abnormal behaviors in children and youth with autism and mental retardation. Recent evidence suggests that atypical antipsychotic agents may be helpful in decreasing aggression.

Antipsychotic medications come in two classes. The names of these medications can be confusing; the newer medications are considered “**first-line agents**” (because they are the first antipsychotics considered), but are called “**second generation**” and “atypical,” because they were the second class of antipsychotics to be discovered for use and do not behave like the previously used medications. The older medications, though considered “**second-line agents**” medications today, are called “**first-generation**” or “typical” because they were discovered first and had a specific way of working. Today, the group of newer medications (second generation) that have fewer and less severe side effects than the older antipsychotics are used most often.

NEW WORDS

Antipsychotic - major tranquilizers that are considered standard treatment for abnormal thinking that causes significant problems with reality

Psychotic - the state of being completely out of touch with reality

Hallucination - Actually seeing and hearing things that are not real

Delusions - believing things are true that are not

Verbal and motor tics - involuntary, rapid, sudden movements and/or vocal outbursts that occur repeatedly (examples of motor tics include eye blinking, head jerking, shoulder shrugging, and facial grimacing)

Tourette Syndrome - disorder characterized by tics (involuntary, rapid, sudden movements and/or vocal outbursts that occur repeatedly) with symptoms that change in number, frequency, type, and severity - even disappearing for weeks or months at a time

First-line agents - a medication that is tried first for a certain condition or disorder, because it is the most effective and well tolerated of available treatments

Second generation - the second group of medication in a class developed for use and have fewer and less severe side effects than the older or first generation medications

Second-line agents - a type of treatment for use when the first line treatment is ineffective or not tolerated

First-generation - the first group of drugs in a class that was developed to be used for a specific symptom or diagnosis

Some examples include:

Atypical or second-generation	
<u>Generic Name</u>	<u>Brand Name</u>
Clozapine	Clozaril
Risperidone	Risperdal
Olanzapine	Zyprexa
Quetiapine	Seroquel
Ziprasidone	Geodon
Aripiprazole	Abilify

Typical or first-generation	
<u>Generic Name</u>	<u>Brand Name</u>
Chlorpromazine	Thorazine
Thioridazine	Mellaril
Haloperidol	Haldol
Perphenazine	Trilafon
Fluphenazine	Prolixin
Pimozide	Orap
Thiothixene	Navane
Molindone	Moban
Loxapine	Loxitane
Droperidol	Inapsine

Other Medications

A few other medications are currently used in children and youth, mostly for the treatment of anxiety and/or impulse control problems.

Benzodiazepines are widely used to treat anxiety symptoms and sleep problems in adults, and research shows some support for their use in children and youth. These medicines are subject to potential non-medical misuse. They can contribute to excessive **sedation** and **intoxication**, especially when combined with alcohol.

NEW WORDS

Sedation – producing sleep or sleepiness

Intoxication – appearing to be under the influence of a controlled substance or alcohol; drunk

Benzodiazepines	
<u>Generic Name</u>	<u>Brand Name</u>
Clonazepam	Klonopin
Lorazepam	Ativan
Alprazolam	Xanax

Buspirone (Buspar) is a relatively new anti-anxiety medication. It may be effective in treating aggressive behaviors in children with developmental disorders, including pervasive developmental disorders.

Clonidine has long been used to treat high blood pressure in adults but has recently been used with children and youth for treating tics, ADHD, aggressive behavior, and sleep problems.

Guanfacine (Tenex) is a newer medication similar to Clonidine but longer acting, causing less sleepiness, and possibly more effective in improving attention. It is used in treating **impulsiveness** and hyperactivity associated with ADHD and other disorders.

Naltrexone (Revia), an opiate antagonist, is used to treat children and youth who injure themselves for the purpose of experiencing the chemical reaction associated with the injury.

NEW WORDS

Impulsiveness - tendency towards behavior that is controlled by the immediate situation and gains rather than rules or delayed consequences

Some examples include:

Others	
<u>Generic Name</u>	<u>Brand Name</u>
Buspirone	Buspar
Clonidine	Catapres
Guanfacine	Tenex
Naltrexone	Revia

IV. What About Side Effects?

Caregivers and their children should expect some side effects, since no medication comes without them. Sometimes these side effects are expected, while some can be signs that something is very wrong. Part of the treatment plan should include an understanding of what side effects are acceptable and what ones are not acceptable and a discussion of the efforts to reduce the impact of side effects on the child or youth.

It is important for the family to discuss and understand what side effects can be expected, how long they might last, and when and how they should be reported to the doctor.

Anytime a caregiver is uncomfortable with changes in their child due to medication they should discuss their concerns with the doctor.

Major Side Effects of Different Medication Classes

Psycho-stimulants – Possible side effects include:

- ♦ nervousness
- ♦ difficulty sleeping
- ♦ decreased appetite
- ♦ weight loss
- ♦ headaches
- ♦ stomachaches
- ♦ skin rash
- ♦ jitteriness
- ♦ social withdrawal

Because there is some concern that stimulants may stunt a child's growth, caregivers should monitor the growth of children prescribed these medications.



Non-stimulant medication of ADHD and Possible Side Effects

Strattera is the first non-stimulant medication the American Academy of Child and Adolescent Psychiatry (AACAP) has listed as a first-line therapy option for ADHD.

The most common side effects of STRATTERA used in teenagers and children over six years old are:

- ◆ upset stomach
- ◆ decreased appetite
- ◆ nausea or vomiting
- ◆ dizziness, tiredness
- ◆ mood swings

Weight loss may occur after starting Strattera. It is not known if growth will be slowed in children who use Strattera for a long period of time.

Strattera can increase blood pressure and heart rate (pulse), and can cause dizziness or fainting in people with low blood pressure. The physician must be notified immediately if this occurs.

Newer Antidepressants – Possible side effects include:

- ◆ anxiety
- ◆ **agitation**
- ◆ restlessness
- ◆ panic attacks
- ◆ difficulty sleeping
- ◆ irritability
- ◆ hostility
- ◆ impulsive behavior
- ◆ **mania**
- ◆ apparent worsening of depression
- ◆ thoughts of suicide, especially early during antidepressant treatment

NEW WORDS

Agitation - a state of being extremely anxious, worried or restless

Mania - a state of being, including intense excitement and physical overactivity

Such symptoms should be reported to the child's physician, especially if they are severe, abrupt in onset, or were not part of the child's first symptoms.

Selective Serotonin Reuptake Inhibitors - Possible side effects include:

- ♦ anxiety or nervousness
- ♦ nausea and diarrhea
- ♦ headache
- ♦ insomnia
- ♦ rash
- ♦ slight weight loss
- ♦ for sexually active young adults, may include decrease in sexual ability or desire

Tricyclic Antidepressants - Possible side effects include:

- ♦ drowsiness
- ♦ anxiety
- ♦ restlessness
- ♦ dry mouth
- ♦ blurred vision
- ♦ constipation
- ♦ urinary retention
- ♦ difficulty urinating
- ♦ cognitive and memory difficulties
- ♦ weight gain
- ♦ increased sweating
- ♦ dizziness
- ♦ increased sensitivity to the sun
- ♦ for sexually active young adults, may include decrease in sexual ability or desire
- ♦ muscle twitches
- ♦ fatigue
- ♦ weakness
- ♦ nausea
- ♦ increased heart beats

Some of these side effects will disappear with the passage of time or with a decrease in the dosage.



Monoamine Oxidase Inhibitors (MAOI's) - Possible side effects include:

- ♦ dizziness
- ♦ rapid heartbeat
- ♦ loss of sexual interest
- ♦ food interaction

MAOIs react with certain foods and alcoholic beverages, and some medications, to produce a severe reaction which often does not appear for several hours after taking the medication. This may include a dangerous rise in blood pressure, as well as headache, nausea, vomiting, rapid heartbeat, possible confusion, psychotic symptoms, seizures, stroke and coma. The foods that interact with MAOIs include aged cheeses, smoked, pickled, fermented and otherwise processed meats, fish and soy products; red wines, fava beans and ripe figs, and foods containing monosodium glutamate (MSG). These foods all contain large amounts of the amino acid tyramine which, when it interacts with MAOIs, dramatically raises blood pressure.

Mood Stabilizer - Lithium - Possible side effects include:

- ♦ tremors
- ♦ muscle weakness
- ♦ upset stomach
- ♦ diarrhea
- ♦ increase thirst and urination
- ♦ trouble concentrating

Long term effects can include weight gain, thyroid problems, kidney problems, and acne.

A major concern is the possibility of excess lithium level in blood levels.

If the child has too much lithium in their system, you may see severe tremors, nausea, confusion, and dehydration. The physician should be notified immediately if these symptoms appear.

Anti-seizure medications - Depakote - Possible side effects include:

- ♦ drowsiness
- ♦ upset stomach
- ♦ diarrhea
- ♦ dizziness
- ♦ tremors

Long term effects can include weight gain, hair thinning, and mild change in liver function tests.

Other anti-seizure medications – Possible side effects include:

- ♦ drowsiness
- ♦ Irritability
- ♦ nausea
- ♦ rash
- ♦ clumsiness

Some drugs produce changes in emotions, memory or behavior, or affect learning. Occasionally, a drug will increase the number of seizures a person is having.

Notify the physician if your child has a prolonged fever, rash, severe sore throat, mouth ulcers, bruises easily, weakness, excessive fatigue, swollen glands, or lack of appetite.

Atypical Antipsychotic - Possible side effects include:

- ♦ sedation
- ♦ nausea
- ♦ constipation
- ♦ weight gain
- ♦ restlessness

Children and adolescents with a diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Children with risk factors for diabetes mellitus (e.g., overweight, family history of diabetes) who are starting treatment with atypical antipsychotics should undergo lab testing of their blood sugar level at the beginning of treatment and periodically during treatment. Any child treated with atypical antipsychotics should be monitored for symptoms of high blood sugar including increased drinking of fluids, eating, or urinating and weakness. If any of these symptoms develop during treatment with atypical antipsychotics, the child should undergo fasting blood glucose testing.

Clozapine was the first atypical antipsychotic in the United States and seems to be one of the most effective medications, particularly for people who have not responded well to other medications. However, in some people it has a serious side effect of lowering the number of white blood cells produced. People taking Clozapine must have their blood monitored every one to two weeks to count the number of white blood cells in the bloodstream. For this reason, Clozapine is usually the last atypical antipsychotic prescribed, and is usually used as a last line treatment for people that do not respond well to other medications or have frequent relapses.

Typical Antipsychotic – Possible side effects include:

- ◆ dry mouth or drooling
- ◆ constipation
- ◆ blurred vision
- ◆ urinary retention
- ◆ increased sensitivity to the sun
- ◆ weight gain
- ◆ drowsiness
- ◆ restlessness
- ◆ stiffness
- ◆ tremors
- ◆ muscle spasms

Tardive Dyskinesia is a movement disorder where there are uncontrolled facial movements and sometimes jerking or twisting movements of other body parts. This condition may develop after several years of taking antipsychotic medications. It occurs mostly in older adults. Tardive Dyskinesia affects 15 to 20 percent of people taking typical antipsychotic medications. The risk of developing Tardive Dyskinesia is lower for people taking the newer antipsychotics. Tardive Dyskinesia can be treated, but not cured.

Neuroleptic Malignant Syndrome is a rare, but very serious, side effect. Signs to watch for are muscle stiffness that occurs over one to three days, a high fever, and confusion. If these symptoms occur, seek medical help immediately - take your child to the emergency room if you cannot reach his or her doctor.

Benzodiazepines – Possible side effects include:

- ◆ dizziness
- ◆ lightheadedness
- ◆ drowsiness
- ◆ clumsiness
- ◆ unsteadiness
- ◆ slurred speech

These problems usually go away as the body adjusts to the drug and do not require medical treatment unless they persist or they interfere with normal activities.



V. How Do Professionals Know These Are the Right Drugs?

Assessing if and what kind of medication will work is a team effort that includes everyone working with the child or youth. It begins as information sharing and exchange that continues throughout the treatment period. This process should include:

- A. **Assessment**
- B. Development of a **Treatment Plan**
- C. Coordinating Treatment
- D. Communication and Record Keeping
- E. Special Considerations

A. Assessment

The starting point for information sharing and gathering is called an assessment. This is an important part of treatment planning. Through the assessment, the clinician will gather and share information that will be critical to developing the treatment plan and deciding what medication would work the best. The assessment process can lead to a better understanding of the child or youth, their particular needs, the priorities and resources of the family, and a successful treatment plan, especially when it is done in a **child centered** manner.

A child centered assessment should:

- Be a continuing process
- Be **individualized** and based upon the unique needs of the child or youth and their family
- Be shaped by priorities and information needs, as well as by child or youth's concerns
- Include **informed consent**
- Reflect a respect for family values and styles in decision making
- Include open information sharing with all team members, recognizing that families play a critical role as members of the team
- Be **culturally competent** and sensitive to the language needs of the family

NEW WORDS

Assessment - a full review of the child or youth and their family's strengths and needs, including a review of the mental and physical status, educational performance, intelligence, family situation, and community

Treatment Plan - treatment plan designed for each child or family; the plan identifies the child and family's strengths and needs; it establishes goals and details, appropriate treatment, and services to meet his or her special needs

Child centered - a system of care that recognizes and builds on the importance of the child in their environment, reflects this in the way services are planned and delivered, promotes caregiver-professional partnerships, responds to the child's identified needs, builds upon the child's strengths, and respects the diversity of the child's culture

Individualized - designed to meet the unique needs of each child and family; services are individualized when the caregivers pay attention to the child's and family's needs and strengths, ages, and stages of development

Informed consent - consent voluntarily given in writing after a full explanation and disclosure of the purpose of the proposed treatment, and the alternative treatments available; must be given by the child's parent or the court if the parent is unavailable

Culturally competent - help that is sensitive and responsive to cultural and ethnic differences

A complete assessment must include a review of the child or youth, the family, and important parts of their world. Information should be gathered in interviews with the child or youth, parents or caretakers, and from others involved in their lives, such as teachers or therapists. Past medical records should be reviewed and a discussion of the child or youth with his or her **primary care physician** is important.

Assessment activities should identify:

- symptoms, including the caregivers and child or youth's own words for symptoms
- current level of functioning
- developmental history
- how the child or youth relates with others their own age and at school
- the child or youth's strengths as well as areas needing improvement
- medical history, including history of substance use, previous treatment history, and current mental status
- history of neglect, abuse, or other trauma
- description of the child or youth's attitudes to their symptoms and willingness to follow treatment recommendations

Assessment of the family should include a review of:

- the family history of mental illness
- stress facing the family
- review of family's culture and their feelings about the child or youth's symptoms and needs, including the family's or their culture's ways of describing the child or youth
- any current or past **protective needs**

Medical assessment of the child or youth should include:

- general health and development
- well child care
- possible medical issues that could cause problems
- a physical exam

If the primary care physician feels that a more thorough assessment is needed, for a child or youth, because of their high risk of severe symptoms, chronic symptoms, or potential for harm to self or others, or for those individuals where ordinary treatment efforts have not been effective. The more intensive assessment should include:

- 1) more extensive history from the child or youth, family members, and other treating professionals, current or past

NEW WORDS

Primary care physician - a doctor whose practice focuses upon internal medicine, family/general medicine or pediatrics; usually the doctor used by a family for routine medical care

Protective needs - needs related to the child or youth when there is suspicion of abuse, neglect, or abandonment, or where there is no family to take care of the child

- 2) possible **consultation** from specialists in child **psychiatry**, **neurology**, **neuropsychology**, pediatrics, child development, child abuse and neglect, and other treatment options.

Psychological testing should be considered for some children and youth to further understand the child or youth's inner life, intellectual capacity, and possible learning problems.

NEW WORDS

Consultation - when someone other than the current providers review the diagnosis and treatment plan and make suggestions or offer other alternatives

Psychiatry - medical specialty that focuses on the treatment of mental, emotional, and behavioral problems

Neurology - the study of the brain and nervous system

Neuropsychology - related to the connection between how the brain functions and the thinking process

Psychological testing - detailed assessment of the child's emotional, social, intellectual, and developmental functioning within the family home, school, and community as well as the clinical setting

B. Planning for Treatment



Once an assessment of the child or youth's needs has been made, an individual treatment plan should be developed. Treatment planning is a process of discussing, planning, and writing down the planned treatment. Treatment planning should be driven by agreed upon goals that will produce the desired behavior outcomes.

The treatment planning process for medication treatment can assist caregivers or providers in:

- Understanding the desired outcomes from the medication
- Developing and putting into place a plan for treating the mental health problems of the child or youth with medication in coordination with other services
- Enhancing the caregiver and child's participation and follow through in the treatment and their ability to recognize and report changes to the clinician or doctor

Treatment Planning Activities by a Physician Might Include:

- 1) Collection of information before treatment planning begins, usually done during the assessment.
- 2) Identifying a Range of Medication Options by discussing the **benefits** and **risks** of each medication considered as a treatment.
- 3) Participation of the child or youth and other interested parties in the treatment planning process by planning discussions and development. Treatment planning should always be done in a way that is considerate of the family culture and language.
- 4) Consideration of existing treatment activities currently being given or tried in the past and their outcome. Current treatment summaries should include each provider's role and responsibility in the treatment plan.
- 5) The treatment plan format may vary from provider to provider, but should include the desired outcomes, a way to measure outcomes (including a baseline), what is or will be done to meet those outcomes, and who will be responsible for making sure the activities necessary are completed. The plan should also include what side effects families should be aware of, when to call the clinician or doctor, and when additional tests or assessments will be done.

NEW WORDS

Benefits - good that comes out of something

Risks - something that can pose a danger or threat

When the Medication Is Not Working

There is a possibility that the medication may not work the way it was expected. Understanding this possibility at the start of treatment helps prevent unrealistic expectations and increases the chances of finding another more effective medication. If the team has agreed on target symptoms and goals, on how to measure progress, and on the expected time course through the treatment plan, then the doctor, the child or youth, the family, and others will know when and how to consider other options.



Questions to Ask About A Child or Youth's Medication

Below are questions a caregiver should ask the prescribing physician when the child or youth in their care is prescribed medication.

- ☒ What is the name of the medication?
- ☒ Is it called by any other name?
- ☒ What is it used for?
- ☒ Is it used for anything other than what it is being used for in my child?
- ☒ Are there other medications you could use instead?
- ☒ Why did you recommend this one?
- ☒ What side effects can be expected?
- ☒ Are there side effects that can affect the child's school performance?
- ☒ What side effects could occur that you would need to know about?
- ☒ When should you be called immediately, or wait until your office opens?
- ☒ Are there other medications or foods the child should avoid while taking this medication?
- ☒ Are there any activities my child should avoid while taking this medication?
- ☒ How long do you feel my child may need this medication?
- ☒ How will we know if the medication is working?
- ☒ How long might that take?
- ☒ Will any tests or other blood work have to be done before or during the course of the medication?
- ☒ How often and where?
- ☒ When and how should I give the medication?
- ☒ What happens if we miss a dose?
- ☒ Can the child become addicted to this medication?
- ☒ Do you have any written information on this drug?
- ☒ What is the cost of the medication?
- ☒ How will this be written into the child's treatment plan and shared with others on the care team, including those at school?

Note: This was adapted from the Navigator.



C. Coordinating Treatment

Medication treatment should be **coordinated** with other services and **interventions**. All individuals, professionals, and providers should work together with the child and their caregivers to make sure that each of them understands the treatment outcomes expected, shares important information on the child or youth, and works to prevent what they are doing from interfering with other treatment efforts.

The treatment plan is a part of coordinating treatment. This move toward coordination can help the child or youth and their caregiver understand the approach to the treatment plan, each individual role, and expected outcomes. Treatment plans should be written so that they can be shared with other clinicians, including primary care clinicians and educators, and the family. They should also be written in a way that can be understood and shared with everyone interested in the child's care.

Everyone involved with the child has a responsibility to make sure that they share information with each provider on treatment efforts and medication to make certain they are aware of what another is doing. Once the treatment plan is written and shared with each provider, it becomes easier for the caregivers to make sure the services are coordinated.

NEW WORDS

Coordinated - organized in a way that make sure everyone knows what is going on

Interventions - actions taken to treat a disorder



D. Communication and Record Keeping

The caregiver/guardian of a child or youth may receive and keep copies of all assessments and treatment summaries or plans. They may be used to assist the care giver to review the child or youth's treatment history with new providers. Treating clinicians should not prescribe new treatments until they have reviewed the summaries of past assessments and treatment or spoken to previous providers. Caregivers or guardians should ensure that copies of treatment plans or summaries are made known to new providers.

E. Continuity of Care

Few of the problems for which children and youth receive medication for behavior, emotional, or mental health disorders are short-term problems. Yet many children and youth are cared for in multiple short-term placements that require assessment and treatment information to be easily and accurately moved from one setting to the next. The goal should be to provide **continuity of care**, including medication and relationships, through the period of the child or youth's recovery no matter where they are living or receiving services.

Maintaining continuity of care requires special efforts for children and youth entering the custody of the Department of Children & Families (DCF) or held in a Department of Juvenile Justice (DJJ) facility. Clinicians prescribing psychotropic medications for children and youth should be familiar with different agencies' regulations regarding the use of psychotropic medications. If a child or youth is taking a psychotropic medication without **judicial review** at the time he or she comes into DCF custody, clinicians and others should be alert to the risks of stopping the medication and advise those with responsibility for the child or youth's care. The same applies when children and youth on medication enter a DJJ facility. Stopping or changing the treatment might cause the child or youth to get worse. It is important to make sure that these agencies are aware of medication and treatments the child or youth is receiving.

NEW WORDS

Continuity of care - care that is provided during all services and treatments that provides linkages with necessary partners and resources

Judicial review - the review of matters concerning a child or youth during a court hearing in which a judge having legal jurisdiction makes a determination and provides a court order concerning the care or custody of a child or youth



VI. Special Considerations

Informed consent

The requirement to obtain informed consent is the law. This is to protect the child and make sure the family understands and agrees with the medical evaluation and treatment. There are many parts to informed consent. Consent for children and youth living at home with their parents is

different than the laws that direct consent for children and youth in the custody of the state.

There are three types of medical care and treatment, each of which requires a different method to receive consent for medical treatment. The primary care physician will determine the type of care needed. The methods of obtaining consent are:

(a) **Medical Care and Treatment.** If the health care provider determines that an illness or injury requires **routine treatment**, but providing such treatment is not an **emergency**, the consent of the child's parent for the treatment must be sought. If the parent is unavailable, unable, or unwilling to provide informed consent for the medical care, the Department of Children & Families must seek and obtain a **court order** authorizing the treatment, before the treatment is given.

(b) **Emergency Medical Care and Treatment.** Although parents should be involved whenever possible, obtaining consent is not required for emergency care and treatment. If the emergency care and treatment is provided without parental consent, the family services counselor must make sure the parent is notified as soon as possible after the treatment is completed.

(c) **Extraordinary Medical Care and Treatment.** Prior to a child in care receiving any **extraordinary medical treatment**, the child's parent must give a specific consent. If the parent cannot be located or refuses to give consent, a court order must be given prior to the extraordinary medical procedure.

NEW WORDS

Routine treatment - ordinary and necessary medical and dental examinations and treatments; included in this definition are blood testing and preventive care including ordinary immunizations, tuberculin testing, and well-child care

Emergency - care or treatment of a child who has been injured or is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation or provision of medical care or treatment would endanger the health or physical well-being of the child

Court order - order or direction obtained through the court system by a judge

Extraordinary medical treatment - care or treatment of a child that is outside of the routine medical and dental care included in the definition of medical care and treatment; included in this definition are surgery, anesthesia, or psychotropic medications, and any other procedures not considered by the child's medical provider as routine and ordinary

What Is Included in Informed Consent?

Informed consent should include information about the child or youth's condition and the proposed treatment. Clinicians must share the medical information that would lead to a decision by the family, or whomever is responsible for giving the consent to treat the child or youth, as to whether or not to go forward with a proposed treatment. This information should include:

- symptoms
- possible and expected benefits of treatment
- risks of the medication, including side effects
- what might be expected without treatment
- other options to the proposed treatment
- results of stopping the treatment
- how the treatment will be monitored

How Is Informed Consent Documented?

The medical record needs to document the consent process, including who participates, what information has been shared, any concerns, and the giving of consent for the treatment itself. The consent should be specific to that child or youth and their particular needs.

When Is Informed Consent Done?

Consent for treatment must be done before treatment is begun, unless the treatment is an emergency. If treatment is an emergency, consent must be obtained as soon as possible; treatment cannot continue beyond an emergency without consent. New consent must also be obtained before a different medication is started. Such changes include new side effects, the development of a medical problem, or other developments affecting the risk/benefit of the treatment. Consent for treatment is not a one-time event, but a process that requires ongoing discussion with the parent, consenting child or youth, or other consenter.

Where Is Informed Consent Done?

Consent should be given by the parent in a face-to-face visit with the treating clinician. This will allow careful discussion of the questions needing attention. Sometimes, however, it is necessary to discuss the treatment and get consent by telephone.

To Whom Is Informed Consent Given?

Consent should be given to the clinician prescribing medication.

VII. Involuntary Treatment

Although this guideline is written as if medication treatment always occurs through consent by the child, youth, or guardian to a proposed treatment, **involuntary treatment** also happens, under specific circumstances.

A child's parent/guardian has the right to not give their consent for treatment. In cases when a child is in the care and custody of the Department of Children and Families and the parent or legal guardian is not available to give consent, or refuses to give consent, treatment may only be given when the court has found that the treatment is in the best interest of the child. In cases such as this, the child welfare case worker responsible for the child will seek a court order to approve the medication treatment.

NEW WORDS

Involuntary treatment - treatment given through an order from the court system by a judge when determined to be necessary to protect the safety or health of an individual without the consent of the parent, child, or youth



VIII. Glossary of Terms

Agitation – a state of being extremely anxious, worried or more easily upset than is typical

Antidepressants - medications that are used in the treatment of depression, as well as other psychiatric disorders

Antipsychotic – major tranquilizers that are considered standard treatment for abnormal thinking that causes significant problems with reality

Anxiety - feeling of unease and fear of impending danger characterized by physical symptoms such as rapid heart rate, sweating, trembling, and feelings of stress

Assess – to perform an assessment that is a full review of the child or youth and their family's strengths and needs, including a review of the mental and physical status, educational performance, intelligence, family situation, and community resources

Assessment - a full review of the child or youth and their family's strengths and needs, including a review of the mental and physical status, educational performance, intelligence, family situation, and community

Attention Deficit-Hyperactivity Disorder (ADHA) - a behavior disorder, usually first diagnosed in childhood, that is characterized by inattention, impulsivity, and, in some cases, hyperactivity

Atypical - the newer, second generation antipsychotic medications used that have fewer and less severe side effects than the older, typical or first generation medications

Authorize – give permission for

Autism - a pervasive developmental disability; these children may exhibit repeated body movements, unusual responses to people or attachments to objects and resist any changes in routines

Benefits – good that comes out of something

Brain chemistry – having to do with the chemical elements that are present in the brain

Brain functioning – how the organ, the brain, works

Clinical experience – knowledge in a particular area based upon actual medical or scientific experience

Clinical depression – a more severe form of depression that requires treatment

Clinicians – a mental health professional who provides mental health services to a child or their family in a clinical, home, or community setting; clinicians that can prescribe medications are doctors

Cognitive performance – to do things related to the ability to think, take in and process information, reason, memorize, learn, and communicate

Competent – being able to make choices and decisions in the best interest of self or others

Consultation – when someone other than the current providers review the diagnosis and treatment plan and make suggestions or offer other alternatives

Continuity of care – care that is provided during all services and treatments that provides linkages with necessary partners and resources

Controlled clinical trials - a scientific evaluation of a new treatment for a disorder to determine if a drug is safe and effective, at what doses it works best, and what side effects it causes; information that guides health professionals and families in the proper use of medicines

Culturally competent - help that is sensitive and responsive to cultural differences; service providers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability; the provider adapts their skills to fit a family's values and customs

Custody – charged with the supervision of a child or youth through the court system by a judge

Custodial agency – the agency that has authority over the child or youth in custody

Court order – order or direction obtained through the court system by a judge

Diagnosis – a label for what is wrong with the child or youth

Depression - A mood disorder characterized by feelings of sadness, loneliness, despair, low self-esteem, worthlessness, withdrawal from social interaction, and sleep and eating disturbances

Disorientation – a state of confusion



DSM IV diagnoses – diagnosis from an official manual of mental health problems developed by the American Psychiatric Association; this reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem; insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems

Emancipated minors – a youth who is under the age of 18 who has been given the legal rights of someone over 18 by a court of law for such things as giving consent for medical treatment or entering into other types of legal agreements; there are specific laws that direct who and how a youth can become an emancipated minor

Emergency - care or treatment of a child who has been injured or is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation or provision of medical care or treatment would endanger the health or physical well-being of the child

Extraordinary medical treatment - care or treatment of a child that is outside of the routine medical and dental care included in the definition of medical care and treatment; included in this definition are surgery, anesthesia, psychotropic medications, and any other procedures not considered by the child's medical provider as routine and ordinary

Family centered – a system of care that recognizes and builds on the importance of the family and reflects this in the way services are planned and delivered; it promotes family-professional partnerships, responds to family identified needs, builds upon family strengths, and respects the diversity of families

First-generation – the first group of drugs in a class that was developed to be used for a specific symptom or diagnosis

First-line Agent – a medication that is tried first for a certain condition or disorder, because it is the most effective and well tolerated of available treatments

Impulsiveness – tendency towards behavior that is controlled by the immediate situation and gains rather than rules or delayed consequences

Individualized - designed to meet the unique needs of each child and family; services are individualized when the caregivers pay attention to the child's and family's needs and strengths, ages, and stages of development

Informed consent - consent voluntarily given after a conscientious and sufficient explanation and disclosure of the purpose of the proposed treatment, and the alternative treatments available

Interventions – actions taken to treat a disorder

Intoxication – appearing to be under the influence of a controlled substance or alcohol, drunk

Involuntary treatment – treatment given through an order from the court system by a judge when determined to be necessary to protect the safety or health of an individual without the consent of the parent, child, or youth

Joint legal custody of parents – when both parents share equally in the care and decision making of their child or children

Judicial review – the review of matters concerning a child or youth during a court hearing in which a judge having legal jurisdiction makes a determination and provides a court order concerning the care or custody of a child or youth

Mania – a state of being, including intense excitement and physical over-activity

Metabolic disorder - an inherited disorder that affects the way the body changes food and essential chemical into energy and waste matter

Mood disorders - a category of mental health problems that includes a disturbance in mood, usually deep sadness or indifference, excitement, or irritability, such as the disorder depression

Nerve cells – cells that carry messages between other cells and organs

Neurology – the study of the brain and nervous system

Neuropsychology – related to the connection between how the brain functions and the thinking process

Obsessive-compulsive behavior – persistent ideas or desires that may lead to repetitive, purposeful behaviors that they feel they must complete

Off label - when a medication approved by the U.S. Food and Drug Administration for adults and older children, but not young children, is prescribed by a physician for a young child because its use in practice has shown it to be safe and more effective than other medications

Out-of-home care - the placement of a child, arranged and supervised by the Department of Children and Families, outside the home of their custodial parent

Pervasive developmental disorders - usually found in the early years of a child's life causing difficulty in areas of development or use of functional skills such as language, communication, social skills, and motor behaviors

Pharmacotherapy – the treatment of conditions using medication

Primary care physician – a doctor whose practice focuses upon internal medicine, family/general medicine or pediatrics; usually the doctor used by a family for routine medical care

Protective needs – needs related to the child or youth when there is suspicion of abuse, neglect, or abandonment, or where there is no family to take care of the child

Psychiatrist/Psychiatry - A medical doctor who specializes in the treatment of mental, emotional, or behavioral problems

Psychoactive – affecting the central nervous system that results in changes in thinking, behavior, or emotion

Psychological testing - detailed assessment of the child's emotional, social, behavioral, and developmental functioning within the family home, school, and community as well as the clinical setting

Psychostimulants – stimulant medications used to treat psychiatric or mental disorders

Psychotropics – medication or chemicals that result in changes in thinking, behavior, and emotion

Psychosis - refers to a state of being out of touch with reality

Psychotic symptoms – signs or behaviors that are out of touch with reality

Psychotherapy – The treatment of mental disorders, emotional problems, and personality difficulties through talking with a therapist

Psychotic - the state of being out of touch with reality

Risks – something that can pose a danger or threat

Routine treatment - means ordinary and necessary medical and dental examinations and treatments; included in this definition are blood testing and preventive care including ordinary immunizations, tuberculin testing, and well-child care

Second generation – The second group of medications in the class of medications, developed for use and generally having fewer and less severe side effects and/or better efficacy than the older or first generation medications

Second-line Agents - a type of treatment for use when the first line treatment is ineffective or not tolerated

Sedation – producing sleep or sleepiness

Selective mutism - inability to speak in specific social situations in a child or adolescent who can and does speak in other situations

Selective Serotonin Reuptake Inhibitors (SSRIs) - A commonly prescribed class of drugs for treating depression; SSRIs work by stopping the reuptake of serotonin, an action that allows more serotonin to be available to be taken up by other nerves

Serotonin - a chemical in the brain; some cases of depression are apparently caused by reduced amounts or activity of serotonin.

Side effects – an adverse reaction to a treatment

Stimulants – a class of medications thought to activate the nerves that serve as messengers and connect with multiple organs in the body

Symptoms – a sign of a disorder, such as a fever is a symptom of an infection or virus

Tardive Dyskinesia – abnormal muscle movements that are side effects of certain medications used in the treatment of behavioral, emotional, and mental disorders

Terminated - stopped

Traumatic brain injury – an injury to the brain caused by an accident

Tourette Syndrome - disorder characterized by tics (involuntary, rapid, sudden movements and/or vocal outbursts that occur repeatedly) with symptoms that change in number, frequency, type, and severity, even disappearing for weeks or months at a time

Treatment Plan - a treatment plan designed for each child or family; the treatment provider develops the plan with the family; the plan identifies the child and family's strengths and needs; it establishes goals and details appropriate treatment and services to meet his or her special needs

Typical – something that is usual or expected

Out of home care - care that is provided for the child or youth someplace other than in their own home with their family

Verbal and motor tics - involuntary, rapid, sudden movements and/or vocal outbursts that occur repeatedly (examples of motor tics include eye blinking, head jerking, shoulder shrugging, and facial grimacing)

IX. FAMILY EDUCATION

The following books, articles, and websites have been identified as particularly helpful resources for clients and families.

Dulcan, M.K. ed. Helping Parents, Youth, and Teachers Understand Medications for Behavioral and Emotional Problems. A Resource Book of Medication Information Handouts. Washington DC: American Psychiatric Press, 1999.

Greene, R.W., The Explosive Child: A new approach for understanding and parenting easily frustrated, "chronically inflexible" children. New York: HarperCollins, 1998

National Technical Assistance Center for Children's Mental Health at Georgetown University Center for Child & Human Development. A Family's Guide to the Child Welfare System. Washington D.C. December 2003. www.gucchd.georgetown.edu

US Public Health Service. Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington DC: Department of Health and Human Services, 2000. Also available at <http://surgeongeneral.gov/cmh/childreport.htm>

Wilens, T.E., Straight Talk about Psychiatric Medications for Kids. New York: Guilford Press, 1999.

www.aacap.org – American Academy of Child and Youth Psychiatry – Facts for Families

www.aap.org –American Academy of Pediatrics – educational material on many childhood psychiatric problems

www.ffcmh.org - Parent run organization focusing on information, resources, and support for families of children and youth with serious emotional disturbance

www.mhsource.com – information on mental health resources

www.nami.org – mental health organization for all individuals with mental illness

<http://www.samhsa.gov/publications/publications.html> – Substance Abuse & Mental Health Services Agency-federal government agency with links, resources, and extensive information on community, state, and federal mental health initiatives

X. Statewide Family Organizations

The Florida State Foster Adoptive Parent Association, Inc.

Their purpose is to provide supportive services and a vehicle by which Foster/Shelter/Adoptive/Relative-Kindship Care Parents can improve themselves and the quality of care children in their homes receive. They act as the collective voice of the Association members to bring about better communication between all partners in Florida's system of care.

To Contact go to <http://www.charityadvantage.com/fsfapa/Home.asp>

The Florida Institute for Family Involvement (FIFI)

Home of Family Voices-FL, Family-to-Family Health Information Center of FL, & Florida Federation of Families for Children's Mental Health

FL Federation of Families for Children's Mental Health is a nationally affiliated, parent-run organization focused on the needs of children and youth with emotional, behavioral, or mental disorder, and their families that can help with information on educational rights, the Individual Education Plan (IEP) and process, information on specific disabilities, linking with other parents, locating resources, learning about state and community systems of care, information on conferences and programs related to children's behavior and mental health issues, providing leadership in the field of children's mental health, helping others understand the needs of children and youth with emotional, behavioral, or mental disorders, and providing information and advocating for services needed by these children and youth and their families.

3927 Spring Creek Highway
Crawfordville, FL 32327
(850) 926-2933 or toll free 1-877-926-3514
family_voices_fl@mindspring.com
www.fifonline.org

The National Alliance for the Mentally Ill, Florida (NAMI-Florida)

NAMI-Florida's mission is to be the driving force for the care of Floridians with severe mental illness with goals to develop a mental illness delivery system based upon a continuum from hospitalization to recovery, provide support systems, resource information, treatment education, survival skills, and work towards eradicating the stigma and discrimination towards persons with mental illness. They are also focused upon being aggressive advocates for increased brain disorder research and to unify all organizations concerned with mental illness in the state.

National Alliance for the Mentally Ill
1020 E. Lafayette Street Suite 102
Tallahassee, FL 32301
(850) 671-4445
1-877-626-4352 toll free
850) 671-5272 fax
www.nami.org and click on Florida

